

Enter & View

Harbour House

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1 Introduction

1.1 Details of visit

Service provider	Harbour House
Service Address	Penberthy Rd, Portreath, Redruth TR16 4LW
Date and time	Monday 4 th August 10am–1pm
Authorised representative	Abi Harding-White

1.2 Purpose of visit

The visit was part of a programme of visits to residential care homes across Cornwall. Our goal was to observe the service in action, hear directly from residents and staff, and make recommendations for improvement.

1.3 Acknowledgements

Healthwatch Cornwall would like to thank residents and the team for providing a warm welcome and their positive contribution to this Enter and View visit and the subsequent report.

1.4 Disclaimer

This report relates to findings on the specific date above and is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time of the visit by a small sample of people.

1.5 About Healthwatch Cornwall

Healthwatch Cornwall is an independent organisation committed to amplifying the voices of Cornwall's residents in the planning and delivery of health and social care services. Through public engagement, we gather their views and experiences with these services. We ensure these perspectives are represented in decision-making processes both locally and nationally, driven by the belief that community feedback is vital to improving standards of care.

1.6 What is Enter and View?

As a local Healthwatch we are authorised to “Enter and View” health and social care services through the Local Government and Public Involvement in Health Act 2007 and Local Authorities Regulations 2013 (part 4). These services can include hospitals, residential homes, GP practices, dental surgeries, optometrists, and pharmacies.

Enter and View visits are an opportunity to see services in action, listen to and understand the experiences of individuals who use them, and make recommendations where there are areas for improvement. The visits are organised based on feedback received about individual services or in response to themes identified in our research.

2 Visit Summary

Observations were made throughout the visit, focussing on the condition of the facilities and the experiences of residents and staff when interacting with one another.

We were able to speak with seven residents about their experience living at the home, as well as two members of the team, and the manager to tell us more about Harbour House.

3 Observations

Initial Impressions and Access

On arrival, it wasn't immediately obvious where to go. Clearer signage pointing to the main entrance and the correct doorbell could help make access easier for first-time visitors.

Décor and Environment

The décor of the home was dated in places; however, renovation work was underway. This was evident in areas where new carpets had been laid, redecoration had taken place, and the manager was able to share further planned improvements. The furniture used was similar to what would typically be found in an ordinary household.

Shared Spaces and Activities

We were first shown to the conservatory, which also serves as the dining and activity room. The tables were set, and the space was clean and tidy. A 'Jolly Trolley' was available, providing music and videos for residents, a weekly planner was displayed clearly on the noticeboard, and bookcases were placed throughout the home, contributing to an engaging space. Activities were observed to be varied, creative, and thoughtfully chosen with many of the items residents had created on display in their rooms. Weekly morning worship takes place, led by a vicar or chaplain, which was much appreciated by some of the residents we spoke to.

There was step-free access to the garden from the conservatory, which is adjacent to the carpark, but the gate between them was locked for safety. Residents are encouraged and supported to spend time outside, with a few choosing to sit outside after lunch every day. Many residents have been involved in planting and maintaining the garden, including a wall mural which they were planning to re-paint in the future.

In the living room, a small group of residents were present. The seating was arranged in a way that allowed for both viewing the television and social interaction. The TV was positioned on a stand at an appropriate height, which management said residents had expressed a

preference for. It is recommended that this or similar TV height be maintained during planned renovations, as it reflects resident preferences.

Bedroom sizes throughout the home varied considerably and some had ensembles, but all were personalised for the resident and decorated with their own belongings.

The Team

The staff worked calmly and efficiently, interacting positively with one another and with the residents. During the visit, they offered tea and spoke kindly to the residents, showing genuine care and attentiveness. All staff wore appropriate personal protective equipment for the tasks they were carrying out.

4 Resident Feedback

Food

The food was described as “excellent” and “first class.” Residents felt they were fed well, and ingredients were of a high quality. A staff member visits residents every morning to take their orders, which we were told by residents was much appreciated. The catering staff were described as “very special people”

Activities

Conversations with management and staff highlighted that residents have a range of activities to take part in with residents also receiving personalised activities of their preference. This was reflected in resident feedback with one resident sharing they are taken out every week for fish and chips. Other residents praised the variety of activities to take part in and that they get their own printed copy of the activities for the week. One resident expressed that they can't see well so find the crafts more difficult but enjoy taking part when they can listen such as live music.

Care and Staff

Residents expressed positive views about their experience with staff, describing them as “lovely”. They felt that staff were caring and hardworking and do everything they can to support them. The care provided was consistently described as very good, with residents noting they are well looked after and one resident noted that they have seen improvements in their health and gained weight through proper care. Many residents described feeling quite happy with one resident remarking that “they say it's extended family and, in many ways, it is”. While the overall tone was positive and appreciative, one resident did mention missing regular chats and suggested that staff could pop their heads in more often when passing by, and it was observed that a few residents, although clearly happy with their care they were used to more social interaction.

Environment

A resident expressed that the home environment was pleasant and that it was being nicely decorated. A further couple of other residents particularly mentioned that they enjoy being close to the sea and that staff will take them out when they want to.

5 Team Feedback

We were able to speak with two members of staff; a carer and Head of Care.

The carer had been at the home for eight years and they expressed that they “love it”. There is a good atmosphere with staff and it’s a good team that prioritises the residents’ care. They also mentioned the re-decoration of the home as a positive improvement.

Head of care felt that there was a friendly atmosphere and as it is a smaller home they have more time for residents. When asked if there are any challenges, they expressed there have been difficulties since Covid with doctors visiting and with support from external agencies. The ward round should be every two weeks and had improved recently but before this it was significantly longer. This was also spoken about in the conversation with the manager.

6 Manager Feedback

The manager has been in post for six years. The home currently has 16 residents, with three vacancies. It has capacity for up to 20 residents, including space for a couple. In some cases, referrals follow a care pathway from the provider’s domiciliary branch into the home.

Staff feel the home has a strong sense of community. They shared that a resident recently passed away, and the relative is now applying for a DBS check to come in and help with bingo. The home was described as being well connected with the local area, as an example, a junior class from a local School visits every Monday during term time, and the home works closely with other care homes in the wider organisation, including sharing domiciliary staff.

An activities coordinator runs sessions between 1pm and 5pm from Monday to Thursday. This includes entertainment, minibus trips, and time with individual residents who prefer not to take part in group activities. Domiciliary workers also help to take residents out when they have capacity.

During the manager’s time at the home, staffing levels have increased. Where there was once only a manager, a medication administrator and one carer during the day, there is now also a head of care and two additional carers. At night, staffing has increased from one carer to a team of three, including a medication administrator. New staff complete their induction at

head office, including training and shadowing. Shadowing typically lasts two weeks, though this can be extended if needed. Topics like PPE, consent and privacy (including doors being shut) are covered during training.

Since the CQC inspection, where the home was rated 'Requires Improvement', a number of changes have been made. These include a stronger focus on staff support, supervision, and training in areas such as palliative care, end-of-life care, and oral health. More regular audits and spot checks are now carried out. The wider organisation has two trainers who regularly visit the homes to observe and provide a report to managers. Medication is now overseen by one designated staff member per shift. Residents are encouraged to give feedback through regular conversations and surveys. A compliments and complaints book is kept by the front door for anyone to use. The manager shared an example of how they acted on feedback from this book by making changes to the toilets.

The manager reported that they feel the home's strengths lie in the quality of care and the focus on residents' wellbeing. Staff feel it is a family-like environment, where residents trust them with things they may not feel comfortable sharing with family members.

In terms of challenges, they would benefit from more consistent GP visits. While GPs do drop in and respond to emails, ward rounds have become inconsistent. The home is confident in its practices and is documenting what they do, but reassurance from healthcare professionals would be helpful. Support from external agencies also appears to be lacking. Adult Social Care can be slow to complete reviews when needed, and Deprivation of Liberty Safeguards (DoLS) assessors are currently coming from out of county. There are no nurses available to complete continuing healthcare assessments. That said, staff reported excellent support from the district nurses and praised the backing they receive from head office.

We also discussed how some residents appeared to want more interaction, and how this might be better supported. It was noted that the location of some rooms could lead to residents being unintentionally overlooked. The team are considering ways to adapt activities to better meet the needs of residents without dementia, who may prefer one-to-one conversation or group time with staff and other residents who are fully able to engage.

7 Recommendations

Healthwatch Cornwall have offered some recommendations based on observations and feedback from residents and staff to improve experiences at the home.

- Where appropriate, explore whether having two groups during activities, or offering the same activity at different times, potentially better suits the social needs and preferences of residents. This could ensure those with and without dementia, and those who prefer smaller or quieter settings, feel more included and engaged.

- Encourage staff to greet residents more regularly and take opportunities to check in on residents when passing rooms, especially for those whose rooms are located further from communal areas or on a throughfare.
- Consider whether external signage needs to be improved to ensure that visitors and professionals can easily find the entrance and feel welcome.
- During renovations, consider residents' clear feedback that they would like the TV to stay in its current position, on a stand. It was observed to be at a good height, allowing residents to watch comfortably while still interacting with others.

8 Provider Response

Healthwatch Cornwall received the following response from Dawe Pearson, registered manager at Anson Care Service Ltd.

'We are really happy with the report, thank you'

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